

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155740</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/02/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>TIMBERCREST CHURCH OF BRETHREN</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 EAST ST</b> <b>NORTH MANCHESTER, IN 46962</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/02/13</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Timbercrest Church of Brethren Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 and 400 halls was surveyed with Chapter 19, Existing Health Care Occupancies</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridor and the resident rooms on the 300 and 400 halls. Battery operated smoke detectors were installed in the resident rooms on the 100 and 200 halls. The facility has a capacity of 65 and had a census of 59 at the time of this survey.</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1  All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached maintenance garage.	{K 000}			
{K 000}	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/05/13.  INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 08/02/13  Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140  Surveyor: Amy Kelley, Life Safety Code Specialist  At this PSR survey, Timbercrest Church of Brethren Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The new section of the building consisting of the kitchen, main dining room and the Crestwood wing was surveyed with Chapter 18, New Health Care Occupancies.  This one story facility with a basement was determined to be of Type V (111) construction and	{K 000}			

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